

Division of Primary Care and Prevention Services

LOUISIANA STATE LOAN REPAYMENT PROGRAM FOR PRIMARY CARE HEALTH CARE PROFESSIONALS

REVISED MARCH 2019

Application Period April 1, 2019 through June 30, 2019

To access the SLRP Application Documents:
<http://ldh.la.gov/index.cfm/page/1195>

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Louisiana State Loan Repayment Program for Health Care Professionals

Program Introduction

Statutory Authority

Section 338I of the United States Public Health Service (PHS) Act, 42 U.S.C. 254q-1, authorizes the Secretary of Health and Human Services, through the Health Resources and Services Administration, to make grants to States, which are funded through federal grant funds, which are matched \$1 for \$1 by the states with non-federal funds. These grants are to assist the states in the repayment of educational loans of health professionals who agree to provide primary health services in federally designated Health Professional Shortage Areas (HPSAs). The term HPSA, as used in this document, means a federally designated HPSA under Section 332 of the PHS Act, as amended.

Background, Purpose and Mission

The federal State Loan Repayment Program (SLRP) grants were established in 1987. All 50 states are eligible to apply for the SLRP funds. The grant awards to states range from \$50,000 to \$1,000,000, and the average grant award is \$250,000.

The purpose of the Louisiana SLRP is to encourage health professionals to serve in a HPSA. The mission of the program is to alleviate and ultimately overcome the state's problem of a substantial deficit of primary care health professionals in underserved rural and urban areas.

Administration of Program

The Louisiana Department of Health (LDH), Office of Public Health (OPH), Division of Primary Care and Prevention Services (DPC-PS) is responsible for administering the Louisiana SLRP. DPC-PS will contract only with professionals who are licensed by the Louisiana State Board of Medical Examiners, the Louisiana State Board of Nurse Examiners, the Louisiana Board of Dentistry, the Louisiana State Board of Examiners of Psychologists, the Louisiana Licensed Professional Counselors Board of Examiners or the Louisiana State Board of Social Work Examiners.

Health Professional Shortage Areas

Since 1976, the PHS has been charged with designating HPSAs throughout the United States, including:

- Population groups (i.e. Medicaid population, low-income population, etc.). Public, non-profit and private medical facilities throughout the United States that have a shortage of various types of health professionals.
- Parishes, census tract groupings and facilities are also designated as HPSAs at the request of the LDH Division of Primary Care and Prevention Services, according to the

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definitions and procedures of Section 332 of the PHS Act, as amended [Title 42, U.S. Code, Section 254e] and Title 42 of the Code of Federal Regulations, Part 5.

Louisiana has approximately 135 primary care, 121 dental, and 124 mental HPSA designations, which include rural parishes, as well as urban areas and facility designations. SLRP placement sites must be located in discipline-specific designated HPSA. To find out if your facility is located in a HPSA go to: <https://data.hrsa.gov/tools/shortage-area> .

NOTE: Refer to Appendix B for maps of designated HPSAs in Louisiana.

- **Primary Care:** In this designation type, the number of hours per week each primary care physician in the parish sees patients is compared to the number of possible patients in the area for a geographic designation. In Louisiana, most of the primary care HPSA designations meet the high needs criteria, which means the qualifying ratio of possible patients to physicians needed to be designated as a HPSA is 3,000 possible patients to one full-time physician. Non-priority areas require a ratio of 3,500:1 to qualify. There are also “Population Group” and “Facility” HPSAs in this category.
- **Mental Health:** In the mental health designation, the number of hours worked by psychiatrists is compared to the number of possible patients in the area most of the time. The criteria are met for high needs areas with a ratio of 20,000:1 for a geographic designation. Other non-high needs areas must meet a ratio of 30,000:1 to qualify. This category also includes the “Population Group” and “Facility” HPSAs.
- **Dental Health:** The dental health designation requires that the number of hours each dentist works, the age of the dentist and the number of dental assistants the dentist employs is taken into consideration and then compared to the number of possible patients in the area. The dental HPSA which meets the criteria requires a 4,000:1 ratio in a high needs area for a geographic designation. Other non-high needs areas need a ratio of 5,000:1 to qualify. “Population Group” and “Facility” HPSAs are also included in this category.

Eligibility Requirements

Eligible Health Professional Disciplines

The following health professionals are eligible to receive a SLRP award:

MD/DO	Doctors of Allopathic/Osteopathic Medicine – Family Practice (FP), General Practice (only those who have completed residency training), Internal Medicine (IM), Pediatrics (PD), Obstetrics/Gynecology (OB/GYN) and General Psychiatry
DDS/DMD	General Practice Dentists or Pediatric Dentists
NP	Primary Care Certified Nurse Practitioners
CNM	Certified Nurse-Midwives
PA	Primary Care Physician Assistants
RDH	Registered Clinical Dental Hygienists
HSP	Health Service Psychologist (Ph.D. or equivalent for Clinical and Counseling)

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LCP	Licensed Psychologists (Clinical/Counseling Psychologists -Ph.D. or equivalent)
LCSW	Licensed Clinical Social Workers (Master's or Doctoral degree in Social Work)
PNS	Psychiatric Nurse Specialists
LPC	Licensed Professional Counselors (Master's or Doctoral degree with a major study in Counseling)
MFT	Marriage and Family Therapists (Master's or Doctoral degree with a major study in Marriage and Family Therapy)
ALCOHOL AND SUBSTANCE ABUSE COUNSELORS (Master's or Doctoral degree)	

Note: General practitioners (physicians who have not completed residency training programs) are not eligible for funding.

Eligible Health Professionals

The following criteria must be met by applicants to be eligible for SLRP funds:

- Professionals who are United States citizens/nationals must have a current license by the appropriate licensing agency to practice in Louisiana.
- Professionals must agree to serve a minimum of three years in a federally designated HPSA appropriate for their discipline.
- Professionals must work full-time (40 hours/week), with a minimum of 32 hours per week providing clinical services in an outpatient/ambulatory care setting located in a federally designated HPSA. There is an exception for obstetrics/gynecologists or nurse midwives who work at least 21 of those hours (per week) providing clinical services in an outpatient/ambulatory care setting. The professional must not have a work week that is compressed into less than 4 days per week. The professional shall not work more than 12 hours in any 24-hour period during their "regular" work week. Time spent on-call and travel time to a practice site will not count toward the 40 hours of work per week. Hours worked over the required 40 hours per week will not be applied toward any other work week.
- Professionals whose educational loans are from certified educational lenders, whether governmental or commercial, must have been incurred during completion of their education. Also, the loan funds must have been applied toward tuition, education, and reasonable living expenses for their own graduate/medical/undergraduate degrees.
- Professionals who have not breached a health professional service contract with the federal, state, or local government, or other entities.
- Professionals who have completely satisfied any other obligation for health professional service that is owed under an agreement with the federal government, state government, the local governing body, or other entities prior to the beginning of service under this program.
- Professionals who have not had a lien levied against their property for a debt to the United States government.
- Professionals who have not defaulted on their educational loans at any time, unless corrective actions have been made and loans are now in good standing. **Professionals must agree to share confidential information (name and social security number)**

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with Louisiana Office of Student Financial Assistance (LOFSA) for the sole purpose of verifying loans are in good standing.

- Professionals who have not had a debt “written off” as uncollectible [pursuant to 31 U.S.C. 3711(a)(3)], or had any federal service or payment obligation waived.
- Professionals under contract to work for a public and/or non-profit facility must agree to accept Medicare, all applicable Medicaid managed health plans, and to treat patients regardless of their ability to pay.
- Professionals must offer a sliding fee scale (i.e., a discount fee schedule) to low-income, un-insured and under-insured people; must provide care at no cost for those unable to pay and must not discriminate against individuals based on their ability to pay or the type of payment offered. The sliding fee scale used must be based on the federal poverty guidelines and apply to at least those who are at or below the most recent 200% federal poverty level. The poverty guidelines can be viewed at <https://aspe.hhs.gov/poverty-guidelines>. Professionals must charge the usual and customary prevailing rates for the area in which their professional services are provided. (See the following on how to develop a sliding fee scale: <http://nhsc.hrsa.gov/downloads/discountfeeschedule.pdf>). **The facility must have a posted sliding fee scale sign easily seen in the check-out or lobby area.** One (1) year of data for the site must be provided in order for the site to be eligible. This must be provided on the Louisiana SLRP Site Information Form by the facility at application and then updated at the end of the 1st and 3rd quarters throughout the duration of the contract. **The site is not eligible if this cannot be provided.**
- Individuals in the Reserve Component of the U.S. Armed Forces or National Guard.
- Professionals who are willing to spend no more than seven (7) weeks a year away from the practice site for vacations, holidays, continuing professional education, illness or any other reason; professionals with absences greater than seven (7) weeks in a service year must extend their service commitment date.
- Professionals who agree to use these funds to repay qualifying educational loans. Public Law 111-148, the Patient Protection and Affordable Health Care Act (HIPPA-A), makes payments under the National Health Service Corps Loan Repayment Program and certain State Loan Repayment Programs tax exempt from federal tax. Up to six percent (6%) of these funds can be set aside to pay for the professionals’ Louisiana state income tax, however, **any funds not needed for taxes must be paid towards educational loans.**
- Professionals who are current on child support applications and those who are no longer in arrears with past child support payments.
- Professionals will be required to register as a vendor through Louisiana’s LAGov system and provide a. This will require logging into the system and supplying your information to receive a vendor number and vendor profile that will be used to track your contract. More instruction will be given to the applicants chosen.
- If accepted into this program, the applicant must receive clearance from the Louisiana Department of Revenue (LDR) prior to being approved. It is the applicant’s responsibility to ensure there are no issues with taxes or penalties from previous filing

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years. Given that these issues can take a long time to clear up, the applicant should contact LDR to ensure there are no issues at application. A delay in LDR issues may result in the contract offer being rescinded. To check clearance, e-mail LDR-OSPClearances@la.gov.

Ineligible Health Professionals

The following are ineligible to receive a SLRP award:

- Non-citizens or non-nationals of the United States, including permanent resident aliens and other aliens.
- Professionals who have an outstanding contractual obligation to provide a health professional service to the Federal Government (e.g., an active military obligation, National Health Service Corps (NHSC) Loan Repayment Program, NHSC Scholarship Program, Nursing Educational Loan Repayment Program or Nursing Scholarship Program obligation), or a state or other entity, unless that service obligation will be completely satisfied before the SLRP contract has been signed. Be aware that certain bonus clauses in some employment contracts may impose a service obligation. If the SLRP participant's military training and/or service, in combination with the participant's other absences from the service site, exceed 35 workdays per service year, the SLRP service obligation should be extended to compensate for the break in "full-time" service.
- Professionals who have breached an obligation for health professional service to the federal government, state government, or local government or another entity.
- Professionals who owe an obligation for health professional service to the federal government or a state government, or another entity under an agreement with such federal, state, or other entity is ineligible for the loan repayment program, unless the obligation will be completely satisfied prior to the beginning of this program.
- Professionals who are obligated under another loan or scholarship payback program, regardless of source. Once a person has fulfilled other obligations, that person may apply for a SLRP. Professionals applying must meet all other eligibility requirements for a period that begins after the other obligation(s) end.
- Professionals who are delinquent on their child support payment obligation.
- Professionals who have a judgment lien against their property for a debt to the United States.
- Professionals who have a loan(s) in default status at time of application.
- Physicians who have not completed residency training programs.
- Students or residents who are not licensed and able to work full-time at an approved HPSA site at the time they apply.
- Professionals who are not working full-time (40 hours per week) at a public and/or non-profit facility that treats everyone regardless of ability to pay.

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Eligible Practice Sites

Health professionals participating in SLRP must fulfill their service obligation at an eligible practice site. The following site types are eligible to be approved as practice sites for participants:

1. Federally Qualified Health Centers (FQHCs)
 - Community Health Centers
 - Migrant Health Centers
 - Homeless Programs
 - Public Housing Programs
2. FQHC Look-A-Likes
3. Centers for Medicare & Medicaid Services Certified Rural Health Clinics
4. Other Health Facilities
 - Community Outpatient Facilities
 - Community Mental Health Facilities
 - State and County Health Department Clinics
 - Immigration and Customs Enforcement Health Service Corps
 - Free Clinics
 - Mobile Units
 - School-based Programs
 - Critical Access Hospitals affiliated with a qualified outpatient clinic
 - Long-term Care Facilities
 - State Mental Health Facilities
5. Indian Health Service Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs
 - Federal Indian Health Service (IHS) Clinical Practice Sites
 - Tribal/638 Health Clinics
 - Urban Indian Health Program
6. Correctional or Detention Facilities
 - Federal Prisons
 - State Prisons
7. Private Practices (Solo or Group)

To be eligible, practice sites must also meet the following criteria:

 - 1) Public and non-profit private entities located in and providing health care services in HPSAs. Non-profit private entity means an entity which may not lawfully hold or use any part of its net earnings to the benefit of any private shareholder or individual and which does not hold or use its net earnings for that purpose. A 501(c)3 letter from the IRS is required.
 - 2) For-profit health facilities operated by non-profit organizations must accept reimbursement from Medicare, Medicaid, and the Children's Health Insurance Program, utilize a sliding fee scale, and see all patients regardless of their ability to pay.

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- 3) All practice sites must be located in federally-designated HPSAs. Medically Underserved Areas or Populations and shortage areas designated by the state do not qualify.
- 4) Eligible practice sites must charge for professional services at the usual and customary prevailing rates except free clinics.
- 5) Eligible practice sites must provide discounts for individuals with limited incomes (i.e., use a sliding fee scale). For information about current HHS Poverty Guidelines, please visit <https://www.federalregister.gov/documents/2019/02/01/2019-00621/annual-update-of-the-hhs-poverty-guidelines>.
 - For those with annual incomes at or below 100 percent of the HHS Poverty Guidelines, states must ensure that practice sites provide services at no charge or at a nominal charge.
 - For individuals between 100 and 200 percent of the HHS Poverty Guidelines, states must ensure that practice sites provide a schedule of discounts, which must reflect a nominal charge covered by a third party (either public or private).
 - A state may allow practice sites to charge for services to the extent that payment will be made by a third party which is authorized or under legal obligation to pay the charges.

Priorities

Similar to the participant selection policies and procedures of the NHSC, the Louisiana SLRP will utilize the criteria described below to determine how individuals are selected to participate in the program. A point-based system is used to review/select recipients. Applications received from April 1, 2019 through June 30, 2019 will be reviewed in August 2019 with notifications of funding delivered via email in August 2019. **Applying for this program does not guarantee automatic funding.**

NOTE: Applicants will be prioritized according to the criteria requested in this application. Contract funding will continue until all funds for the 2019 grant cycle are exhausted. Most contracts will begin October 1, 2019 and will be

The following criteria will be considered as priorities when reviewing SLRP applications:

1. Priority is given to applicants who work in facilities with the highest percentage of underserved patients, including those who have a Medicaid managed health plans and Medicare, those who are uninsured and indigent or underinsured and unable to find treatment. Some of these types of priority facilities would include public health units, Federally Qualified Health Centers and their satellite sites, School-Based Health Centers, state operated facilities or other eligible facilities that are subsidized by the state/federal government. A Louisiana SLRP Site Application Form must be completed at application and after the 1st and 3rd quarters of every year of contract eligibility. This must include one (1) year of data for the site. **The site is not eligible if this cannot be provided.**

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2. Priority is given to individuals who agree to serve in HPSAs with the highest degree of shortage, rural, and whose service will have the greatest impact on underserved populations in these high-needs parishes (see maps of Louisiana HPSAs—Appendix B).
3. Priority is given to individuals who agree to accept referrals and provide health care services to a significant portion, of at least 25% HIV/AIDS patient-base.
4. Priority is given to applicants who agree to treat targeted populations who are designated as underserved in their service area, e.g. migrant farm workers, homeless, etc.
5. Priority is given to providers working in an eligible facility that has an opioid treatment program.
6. **Applicants who submit incomplete application packets will not be considered.**

Benefits for Participants

Grant Award Amounts/Length of Contracts

Payments to obligated health professionals for remittance to educational loan creditors may receive:

- a) Up to \$30,000 annually (or the amount of the principle balance of the educational loan if less than the total eligible to receive) if the primary care physician, dentist, or psychiatrist agrees to work in an outpatient capacity at an approved facility for an initial period of three (3) years; OR
- b) Up to \$15,000 annually (or the amount of the principle balance of the educational loan if less than the total eligible to receive) if the primary care health care professional (all those eligible except physicians and dentists as noted on page 2) works in an approved facility for an initial period of three (3) years.

Participants who remain compliant and continue to meet all criteria previously stated in this application, and who have additional educational loans may be considered for a two-year extension for up to \$24,000 pending budget availability.

Taxable Income

Loan repayments are taxable by the Louisiana state income tax. Loan repayment funds of not more than six percent (6%) can be set aside to defray this income tax liability. Funds that were set aside that were not needed to pay the taxes on this money must then be applied to certified educational debt.

Disbursement of Funds

Funds will be disbursed to the contractor quarterly upon receipt of a quarterly service report. The quarterly service report will serve as both an invoice and a monitoring tool. These reports are due by the 15th of the month following the end of the quarter. Quarterly payments will be disbursed for the duration of the SLRP contract, as long as the contractor meets his/her service obligations under the terms of his/her contract and there is an unpaid loan balance.

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Repayment of Loans

To enhance the provision of the health care services, the program will repay the governmental or commercial educational loans obtained by the health professional for:

1. Government and commercial loans for actual costs paid for tuition related to the undergraduate or graduate education of the participant leading to a degree in the health profession in which the participant will satisfy his/her SLRP service commitment;
2. Other reasonable educational expenses required by the health professional school, including fees, books, and laboratory expenses, incurred by the participant

NOTE: Reasonable educational expenses are the costs of education, exclusive of tuition, such as fees, books, supplies, clinical travel, educational equipment, and materials, which do not exceed the school's estimated standard student budget for educational expenses for the participant's degree program and for the year(s) of that participant's enrollment.

3. Reasonable living expenses will be determined by the SLRP office in accordance with published university standards. Health professional schools that make direct loans to their students are considered commercial lenders for the purposes of the program.

NOTE: Reasonable living expenses are the costs of room and board, transportation, and commuting costs and other costs that do not exceed the school's estimated standard student budget for living expenses at that school for the participant's degree program and for the year(s) of that participant's enrollment.

Application Requirements

Application Process Requirements

1. Submit an application along with other required forms and all necessary documentation between April 1, 2019 and June 30, 2019 in order to be considered for funding for the next federal grant cycle. Most contracts for that grant cycle will begin in October 1, 2019 for this funding cycle.

NOTE: Application submission does not guarantee funding. If total applicant need is greater than the amount of SLRP funding available, the SLRP priorities outlined in this policy will be used to determine which applicants will receive SLRP funds.

2. All applications must include the following:
 - a copy of a current employment contract***;
 - resume;
 - a copy of current professional license;
 - a copy of Louisiana Medicaid Provider Identification Number or a copy of the application for this number;
 - a completed Site Information Form;
 - proof of non-profit and/or public status of site;
 - a signed Agreement for all Participating SLRP Sites form;

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- a signed Attestation of No Other Obligation form;
- a signed Certification Regarding Environmental Tobacco Smoke form;
- a signed Consent for Release of Information Waiver of Confidentiality form;
- a signed Release from Liability form;
- documentation of employer's sliding fee scale (copy of scale in use along with the Sliding Fee Scale policy);
- documentation of employer's sliding fee scale public notice signage;
- IRS Form W-9;
- Electronic Funds Transfer form with voided check; and
- a valid copy of the current education loan statement with remaining principle balance showing. This must include name and account number.

***For public employee(s), a letter of agreement with the governmental agency and verification of employment will be accepted in lieu of an employment contract.

NOTE: A maximum of two professionals per practice site will be approved per grant year. If more than two professionals per site apply, the facility will be contacted for additional information in the funding decision regarding the professionals from that site.

3. Following notification of funding and receipt of the SLRP contract in the mail, the applicant should return the signed SLRP contract with the understanding that once the contract is signed by the Secretary of LDH, or his/her designee, and approved through the LDH contract approval process, the applicant is agreeing to accept repayment of his/her educational loans in exchange for providing outpatient primary care health care services for an agreed upon period of obligation in a federally designated HPSA.

NOTE: Neither the applicant nor the State is bound by the contract until:

- a) The secretary of LDH, or his/her designee, has signed the SLRP contract; and
- b) The contract has been approved by the Louisiana Division of Administration, Office of State Procurement.

Service Obligations

Following are the obligations which must be agreed upon by the health professional:

1. To serve a minimum of three (3) years with two (2) additional years possible;
2. To provide primary health care services at an eligible site, i.e., public and/or non-profit entity located in a federally designated HPSA that is appropriate for his/her discipline (i.e., primary care professionals must be placed in a primary care HPSA, dental professionals must be placed in dental HPSAs, and mental health professionals in mental HPSAs);
3. To be contracted with a public and/or non-profit facility that agrees to accept Medicare and any applicable Medicaid managed health plans; provide a sliding fee scale/discounted fee rate if a person is at or below current 200% of federal poverty level

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or is unable to pay the full charge and is uninsured. **Employer must post a sign in a conspicuous place in the waiting room or check out area of the practice that states, "We accept all patients regardless of ability to pay."**

4. To charge for their professional services at the usual and customary prevailing rates in the area in which such services are provided, except if a person is unable to pay such charges, such person shall be charged at a reduced rate (i.e., discounted/sliding fee scale) or not charged any fee;
5. To provide primary health services to any individual seeking care and agree not to discriminate on the basis of the patient's ability to pay for such care or on the basis that payment for such care will be made pursuant to Medicare (established in Title XVIII of the Social Security Act) or any applicable Medicaid health plan.
6. To accept assignment under Medicare (section 1842(b) (3) (B) (ii) of the Social Security Act) for all services for which payment may be made under Part B of Title XVIII;
7. To enter into an appropriate agreement with the State agency that administers the State plans for Medicaid under Title XIX to provide service to individuals entitled to medical assistance under the plan;
8. To provide health care services and encounters as defined below:
 - Provide full-time primary health care service or clinical practice in a public or non-profit private entity located in a current federally designated HPSA that is appropriate for their discipline (e.g., dental professionals must be placed in dental HPSAs, etc.). For physicians, the practice will include ambulatory care, as well as hospital care appropriate to meet the needs of patients and to assure continuity of care.
 - For all health professionals, "full-time clinical practice" is defined as a minimum of 40 hours per week of patient care at an approved service site, with no more than eight (8) of those hours per week devoted to practice-related administrative activities. The practice will include hospital treatment coverage appropriate to meet the needs of patients of the approved service site and to ensure continuity of care.
 - With the exception of obstetrician/gynecologist (OB/GYN) physicians, family practice physicians who practice obstetrics on a regular basis, and/or certified nurse midwives (CNM), all health professionals must spend at least 32 of the minimum 40 hours per week providing direct patient care. These services must be conducted during normally scheduled clinic hours at the approved service site. The remaining hours must be spent providing inpatient care to patients of the approved site and/or in practice-related administrative activities.
 - For OB/GYN physicians, family practice physicians who practice obstetrics on a regular basis, and CNMs, at least 21 of the minimum 40 hours per week must be spent providing direct patient care. These services must be conducted during normally scheduled clinic hours at the approved service site. The remaining hours must be spent providing inpatient care to patients of the approved site and/or in practice-related administrative activities, not to exceed eight hours per week.
 - No more than seven (7) weeks (35 workdays) per year can be spent away from the practice for vacation, holidays, continuing professional education, illness, or any other reason. Absences greater than seven (7) weeks will extend the service

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commitment end date.

- The 40 hours per week may be compressed into no less than four (4) days per week, with no more than 12 hours of work to be performed in any 24-hour period. Time spent in “on-call” status will not count toward the 40-hour week. Hours worked over the required 40 hours per week will not be applied to any other work week.
 - Provide LDH with a signed quarterly service report for monitoring purposes, which states the number of hours worked and totals the number of encounters rendered. The report also shall stipulate the number of encounters for each of the following types of patients: Medicare, all applicable Medicaid managed health plans, Sliding Fee Scale/Discounted Fee, and Uninsured/Unable to Pay, AND the following, if these patients were a factor in the amount of award received or initial funding in the program: HIV/AIDS, Substance Abuse, Homeless, Migrant, and Elderly (65 and over). **One (1) year of data for the site must be provided in order for the site to be eligible. The site is not eligible if this cannot be provided.**
- 9) Submit to LDH a copy of the appropriate loan statement, which shows the current principle balance of the loan(s), by April 15th and October 15th of each year.
- 10) Notify the Division of Primary Care and Prevention Services of any changes in status. This may include, but is not limited to, changes in mailing address, phone number, employment, employer policies related to target patient type, loan default status, and licensure status.

NOTE: The contractor MUST have written approval from the LDH Division of Primary Care and Prevention Services before relocating to another employment site.

Service Site Requirements

Participating in Louisiana SLRP requires the provision of full-time clinical services at an eligible SLRP service site for the period agreed upon in the program contract. These sites are specific health care practice opportunities identified by the SLRP in certain federally designated HPSAs that have experienced special difficulty recruiting or retaining health professionals because of the site's geographic isolation, severe economic need, or the chronically poor health status of the population to be served.

Approval of SLRP contracts is contingent upon verification that the service site accepts all applicable Medicaid managed health plans, Medicare, and sliding fee scale/discount fee patients. The site must also provide proof of non-profit/public status to the applicant for inclusion in the SLRP application. This can be done using the IRS form 501(c)3 form or Board Resolution Statement.

Compensation During Service

SLRP participants shall negotiate their compensation packages (salary and fringe benefits) directly with the service sites. The amount of funding received through SLRP should not be considered by the employer when negotiating the professional's compensation package.

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Loan Information

Documenting Loans

Applicants must provide lender information and a copy of loan statement(s) with current balance along with their application. The most current principle balance of each educational loan should be determined as accurately as possible and reported by the applicant on the application form. The applicant should not include loans that have been paid off. It must include the name and account number of the applicant.

Consolidated and Refinanced Loans

Program participants may select from their qualifying loans those they wish to have included for repayment by the program, based on what they consider most advantageous. If an applicant has consolidated or refinanced loans, the applicant must provide a copy of the original loan documentation to establish the educational purpose and contemporaneous nature of such loans. **If an eligible educational loan is consolidated or refinanced with any debt other than another eligible educational loan of the applicant, no portion of the consolidated or refinanced loan will be eligible for loan repayment.**

Financial Obligations Not Qualifying For Repayment

Loans with no supporting documentation and/or loans not obtained from a government entity or certified commercial educational lending institution, e.g., loans from friends and relatives or credit card debt, are not qualified for repayment by the program.

Breaching the Loan Repayment Contract Agreement

Effects of Breaching the Contract

DEFAULT: SLRP Contractors who fail to begin or complete his/her SLRP service obligation, or otherwise breach the terms and conditions of the obligation, are in default of his/her contract and are subject to the financial consequences outlined below. Examples of default are:

- Failure to begin or complete service term
- Failure to accept any applicable Medicaid managed health plans, Medicare assignment or implement a sliding fee schedule for low-income, uninsured people
- Failure to provide documentation of qualifying loans upon request/demand
- Failure to apply SLRP funds to either (a) the repayment of qualifying educational loan balances or (b) the State income tax owed on the SLRP payments disbursed through this contract, up to the six percent (6%) of the contract amount
- Failure to maintain eligibility as a Medicaid or Medicare provider

If a health professional is unable to complete the service obligation at the initial placement, assistance will be provided to find another eligible placement. If a contractor chooses not to find

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and accept a placement transfer/reassignment, then LDH must place the Contractor in default of the SLRP contract.

Financial Consequences

If the Contractor breaches a SLRP obligation, the contractor will be subject to pay an amount equal to the sum of the following:

- The total amount paid by the SLRP to, or on behalf of, the participant for loan repayment for any period of obligated service not served;
- An amount equal to the number of months of obligated service not completed multiplied by \$7,500;
- Interest on the above amounts at the maximum legal prevailing rate, as determined by the treasurer of the United States, from the date of breach.

NOTE: The minimum amount that LDH is entitled to recover will not be less than \$31,000.

Cancellations, Waivers, Bankruptcy, Suspensions and Defaults

The only permissible basis for canceling a SLRP contract is the death of the SLRP participant. States cannot cancel a SLRP contract in order to allow an individual to participate in the NHSC LRP or for any other reason except the participant's death.

Waiver of the SLRP obligation is a permanent status. In order to qualify for a waiver of the SLRP obligation, a participant must document a medical condition or a personal situation that makes compliance with the obligation permanently impossible or an extreme hardship, such that enforcement would be against equity and good conscience. The Secretary of the Louisiana LDH will review the documentation of this medical condition or personal situation. The Secretary is the only one who can grant a waiver of the SLRP obligation.

Suspensions of the SLRP contract obligations may be made for up to one year in the event of temporary physical or mental disability of the contractor or other justifiable causes. Documentation of the medical condition or personal situation which would make completion of the obligation temporarily impossible or an extreme hardship, such that enforcement would be against equity and good conscience, would be presented to the Secretary of LDH. The Secretary is the only one who can grant a suspension of the SLRP obligation.

Defaults occur when participants fail to begin or complete their SLRP service obligation or otherwise breach the terms and conditions of the obligation. Participants who are in default of their contracts are subject to the financial consequences outlined in their contracts and in this policy in the prior section entitled *Financial Consequences*.

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Application Information

General Application Information

Participants must complete a SLRP application form giving all information requested in the application. Applications must be submitted between April 1, 2019 and June 30, 2019 in order to be accepted. Applications will be reviewed in August. Notifications of funding status will be sent by August 31, 2019. Most contracts will start October 1, 2019. The application should also include all the additional forms requested in the application and in this policy to be considered complete (see list following the application submission address).

Incomplete application packets submitted will not be considered.

Application Submission Address

The completed application must be submitted to Louisiana Department of Health at the following address:

LDH Division of Primary Care and Prevention Services
P.O. Box 3118
Baton Rouge, LA 70821.3118

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Application Review Checklist

The fully completed, signed application must be submitted along with the following forms and information:

- ☐ Copy of executed employment contract for length of years requesting SLRP participation, OR a letter verifying employment, if an employment contract is not available
- ☐ Resume
- ☐ Copy of current professional license
- ☐ Documentation of the current principle balance of the applicant's certified educational debt. This should include name and account number for each loan
- ☐ Signed *Agreement for All Participating SLRP Sites Form completed by employer*
- ☐ Signed and **notarized** *Attestation of No Other Obligation Form*
- ☐ Signed *Certification Regarding Environmental Tobacco Smoke Form*
- ☐ Signed *Release from Liability Form*
- ☐ Signed *Consent for Release of Information Waiver of Confidentiality Form*
- ☐ Documentation of employer's sliding fee scale/discount fee policy
- ☐ Documentation of employer's sliding fee scale/discount fee schedule- actual scale
- ☐ Photo of employer's sliding fee scale/discount fee policy posted in the checkout/lobby
- ☐ Photo of employer's sign posted in the checkout/lobby that states **"We accept all patients regardless of ability to pay."**
- ☐ Copy of current *Louisiana Medicaid Provider ID Number* or a copy or application for this number
- ☐ Completed *IRS Form W-9-Request for Taxpayer ID Number* that matches applicant address-this should include **YOUR** information, not your employer.
- ☐ Completed *Electronic Funds Transfer Form* **with** voided blank check or direct deposit form from financial institution. The bottom of this form should be completed by your financial institution. Please make sure the box on the middle left of the page is checked.
- ☐ Proof of site's non-profit and/or public status.

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Appendix A— Sample Sliding Fee Scale

Examples of Discounted/Sliding Fee Schedules for the Lower 48 Contiguous States

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level*	100%	125%	150%	175%	200%	>200%
Family Size	Minimum Fee	20% pay	40% pay	60% pay	80% pay	100% pay
1	\$11,490	\$14,363	\$17,235	\$20,108	\$22,980	\$22,981
2	\$15,510	\$19,388	\$23,265	\$27,143	\$31,020	\$31,021
3	\$19,530	\$24,413	\$29,295	\$34,178	\$39,060	\$39,061
4	\$23,550	\$29,438	\$35,325	\$41,213	\$47,100	\$47,101
5	\$27,570	\$34,463	\$41,355	\$48,248	\$55,140	\$55,141
6	\$31,590	\$39,488	\$47,385	\$55,283	\$63,180	\$63,181
7	\$35,610	\$44,513	\$53,415	\$62,318	\$71,220	\$71,221
8	\$39,630	\$49,538	\$59,445	\$69,353	\$79,260	\$79,261
For each additional person, add	\$4,020	\$5,025	\$6,030	\$7,035	\$8,040	\$8,040

* Based on 2013 HHS Poverty Guidelines (<http://aspe.hhs.gov/poverty/13poverty.cfm>)

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)												
Poverty Level*	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	DISCOUNT											
	100%	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%
1	\$11,490	\$12,639	\$13,788	\$14,937	\$16,086	\$17,235	\$18,384	\$19,533	\$20,682	\$21,831	\$22,980	\$22,981
2	\$15,510	\$17,061	\$18,612	\$20,163	\$21,714	\$23,265	\$24,816	\$26,367	\$27,918	\$29,469	\$31,020	\$31,021
3	\$19,530	\$21,483	\$23,436	\$25,389	\$27,342	\$29,295	\$31,248	\$33,201	\$35,154	\$37,107	\$39,060	\$39,061
4	\$23,550	\$25,905	\$28,260	\$30,615	\$32,970	\$35,325	\$37,680	\$40,035	\$42,390	\$44,745	\$47,100	\$47,101
5	\$27,570	\$30,327	\$33,084	\$35,841	\$38,598	\$41,355	\$44,112	\$46,869	\$49,626	\$52,383	\$55,140	\$55,141
6	\$31,590	\$34,749	\$37,908	\$41,067	\$44,226	\$47,385	\$50,544	\$53,703	\$56,862	\$60,021	\$63,180	\$63,181
7	\$35,610	\$39,171	\$42,732	\$46,293	\$49,854	\$53,415	\$56,976	\$60,537	\$64,098	\$67,659	\$71,220	\$71,221
8	\$39,630	\$45,593	\$47,556	\$51,519	\$55,482	\$59,445	\$63,408	\$67,371	\$71,334	\$75,297	\$79,260	\$79,261
For each additional person, add	\$4,020	\$4,422	\$4,824	\$5,226	\$5,628	\$6,030	\$6,432	\$6,834	\$7,236	\$7,638	\$8,040	\$8,040

* Based on 2013 HHS Poverty Guidelines (<http://aspe.hhs.gov/poverty/13poverty.cfm>)

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Appendix B — Health Professional Shortage Area (HPSA) Maps

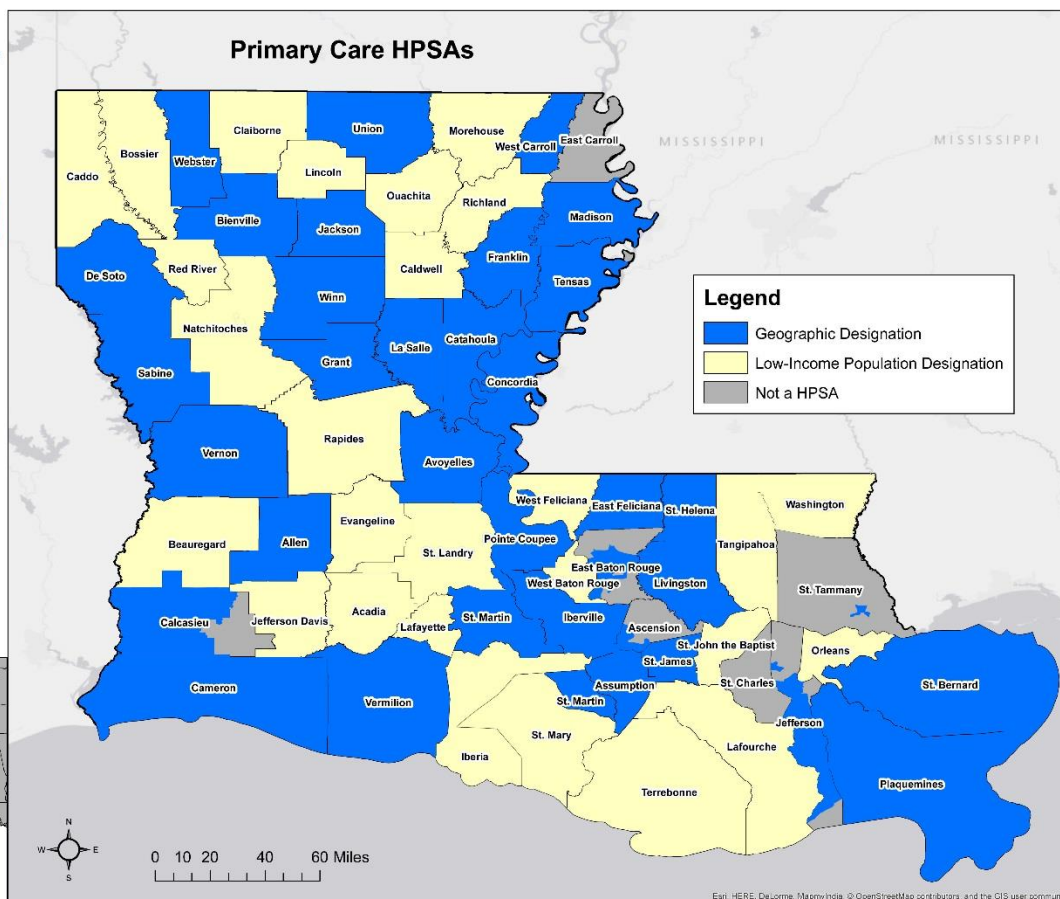
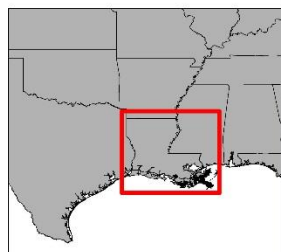
(a) Primary Care Designation Map



Sources:
Primary Care and
Prevention Services
HRSA Data Warehouse

Updated March 21, 2019

Basemap:
ESRI, DeLorme, Navteq



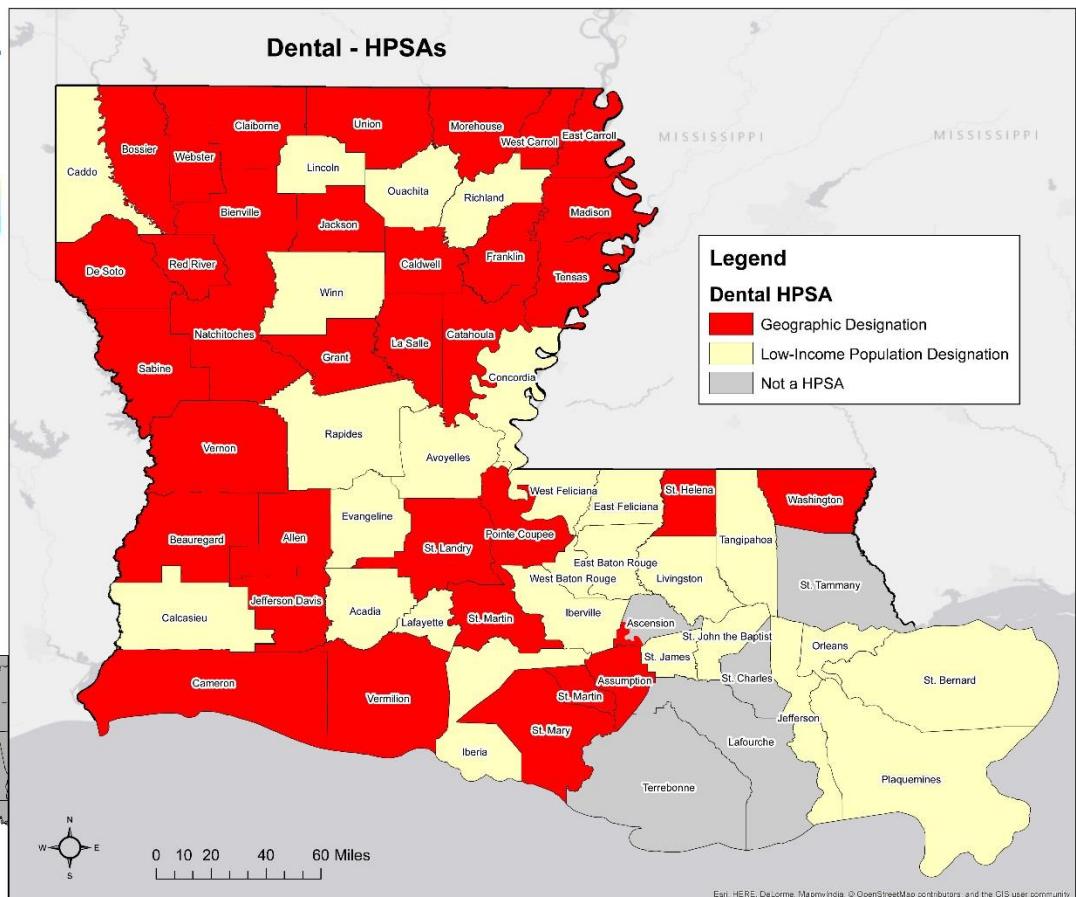
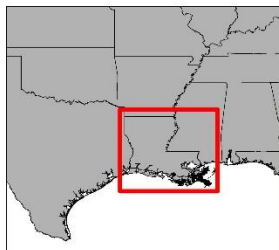
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(b) Dental Health Designation Map



Sources:
Primary Care and
Prevention Services
HRSA Data Warehouse
Updated March 21, 2019

Basemap:
ESRI, DeLorme, Navteq



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c) Mental Health Designation Map



Sources:
Primary Care and
Prevention Services
HRSA Data Warehouse
Updated March 21, 2019

Basemap:
ESRI, DeLorme, Navteq

